

# International Conference on Quality of Life 2017

Lost Paradise Resort Penang, Malaysia | 21 & 22 August 2017



## PROGRAM & PROCEEDINGS



[intconf@as4qol.org](mailto:intconf@as4qol.org)  
<http://as4qol/icqol/2017>

## WELCOME MESSAGE

### **Professor Dr. Mohamed Azmi Ahmad Hassali**

*Chairperson, Local Organising Committee ICQoL 2017*

On behalf of local organising committee of ICQoL 2017, it is my great honour to welcome you to the Pearl of the Orient, Penang. I would like to take this opportunity to express my sincerest gratitude to the AS4QoL committee for entrusting us with the responsibility to host this meaning gathering in Penang.

ICQoL 2017 is a very unique conference on its own and it is aligned so much with the definition of quality of life, which describes the well being of an individual or the society as a whole, outlining all aspects and components in our lives. Quality of life is not limited to only healthcare aspect as perceived by most of the people but it should span almost all disciplines including social sciences, arts, engineering and many more. I am glad to see passionate researchers who strive to create positive impact to people's lives in your own fields. I am looking forward to meeting a group of researchers from different fields and countries to share their knowledge and research findings for the betterment of our lives.

I wish that all of us could get the most out of the conference and continue your great effort to keep on inspiring the people around us through research and sharing whether it is big or small. As Zig Ziglar said, you don't have to be great to start, but start to be great.

I hope you enjoy your every moment in this beautiful island and thank you.

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# WELCOME MESSAGE

## **Dr. Anthony Foong**

*ASQoL President*

On behalf of the of our conference organizers, I am pleased to welcome all the participants to Penang, Malaysia for the 2017 International Conference on Quality of Life (ICQoL2017). Our mission is to bring together forward-thinking researchers in the areas of Education, Healthcare, Psychology and the Social Sciences to share and give inspiration to efforts to understand and improve Quality of Life. As such, this event is an inclusive interdisciplinary research and publishing project that attracts researchers from various countries and backgrounds to make contributions to this increasingly relevant and growing field issue in a variety of creative ways.

Gatherings of eminent researchers such as this are an vital part of advancing this field and we are proud to be working together earnestly with you for a better future. As we begin this conference, let us receive each other in an open spirit of inquiry, collegiality, and hopefulness. I look forward to listening to the venerable panelists and presenters assembled here, and to participating in lively discussion inspired by our peaceful and serene surroundings. Thank you all for being here, and let the proceedings begin.

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# 2017 CONFERENCE ORGANIZATION

## **1. Local Organizing Committee (LOC)**

*All members from Universiti Sains Malaysia, 11800 Penang, Malaysia, unless otherwise noted.*

### ***• Local Organizing Committee Chair***

Prof. Dr. Mohamed Azmi Ahmad Hassali, Professor of Social and Administrative Pharmacy, School of Pharmaceutical Sciences, Universiti Sains Malaysia

### ***• Local Organizing Committee Vice-Chair***

Mr. HO Rhu Yann

### ***• Local Organizing Committee Members***

Dr. Asrul Akmal Shafie, Ashutosh Kumar Verma, Rabia Hussain, Omar Thanoon Dawood, Dr. Lim Ching Jou, Emad Kirra, Dr. Fahad Saleem\*

*\* University of Balochistan, Quetta, Pakistan*

## **2. International Organizing Committee (IOC)**

IOC Member	Affiliation
Prof. Gury ZILKHA (Ph.D.)	Zilkha Consultancy, Israel
Dr. SOGA Tomoko (Ph.D.)	Brain Research Center, Monash Univ
Prof. Monty P. Sadiadarma (DCH)	Indonesian Psychotherapy Association
Prof. Jung-Fa Tsai (Ph.D.)	Nat'l Taipei Univ of Technology, Taiwan
Prof. Robert Chan (Ph.D.)	Auckland University, New Zealand
Prof. MATSUDA Hisashi (Ph.D.)	Kyoto Pharmaceutical University
Prof. OHYA Susumu (Ph.D.)	Nagoya City University

## **3. Sponsors**

The ICQoL Organizing Committee offer many thanks to CCM Pharmaceutical and Imex Japan for their support in the planning of this year's event. In addition to Mr. S. Khim Wong for his generous financial contribution, and to Judge Pamela Jenkins for making a kind donation of her registration fee to the conference.



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## KEYNOTE SPEAKERS

## **Dr. LOH Kai Woh**



Dr. Loh graduated from the University of Singapore in 1976 and obtained his Master of Dental Science from the University of Pittsburgh in 1982 through a scholarship awarded by the National University of Singapore. He was a full time instructor at the National University of Singapore till 1986. He initiated the formation of the Orthognathic Centre in 1983 at the University of Singapore to cater for treatment of patients with dento-facial deformities and was appointed as coordinator of the Orthognathic Centre.

He founded the Association of Orthodontists, Singapore in 1991 and was the president for the first 2 years. He was appointed as an external examiner in the Re-examination for the final year of the Bachelor of Dental Surgery degree, Faculty of Dentistry, National University of Singapore in 1998 and 2002. He was the President, Asian Pacific Orthodontic Society 2010-2012. He is the Regent for Singapore, International College of Dentists. Dr. Loh has given presentations in 23 countries including - Australia, Bangladesh, Cambodia, China, Hong Kong, India, Indonesia, Japan, Macau, Malaysia, Mexico, Myanmar, Nepal, Pakistan, Philippines, Russia, Singapore, Sri Lanka, South Korea, Taiwan, Thailand, United States of America and Vietnam.

**KEYNOTE SPEAKER:****Mr. S. Khim WONG**

S. Khim Wong was born and grew up in Kuala Lumpur, Malaysia. He earned his bachelor degree in Mechanical Engineering from North East London Polytechnic/University of East London, England. His professional work experience started with Ford Motor Company in England and at British Gas Research Center. Returning to Malaysia in 1978 he worked for Tan Chong Motors/APM Holdings and started up a factory making car air conditioners.

During this time, he traveled often to Japan for training and business.

Khim joined the North American automotive industry in 1989 as plastic fuel tanks were beginning to replace steel tanks. At that time plastic fuel tanks were already commonly used in Europe and it was yet to be introduced in Japan. As emission limits for fuel vapour changed from 2 g/24hours to 0.2 and then to 0.054 g/24hours, the plastic fuel tank industry had to improve or die. He witnessed and participated in the evolution of the plastic fuel tank system and in 2003, he was a member of the team that won the Solvay Innovation Award for the development of a Fuel tank system that met the PZEV (0.054 g/24 hours) evaporative emission limit.

He has written a number of technical specifications including one published by The Society of Automotive Engineers International, SAE J2587 – Optimized Fuel Tank Closure, where he was chairman and co-author.

Khim was the first employee of his company to be posted to China in 2005. During the 5-year period, he established the supplier base and was the technical consultant and trainer. By 2016, his company has eight factories in China and India. His work experience in Asia, Europe, and The Americas gave him a Global prospective of different work ethics and social cultures.



**KEYNOTE SPEAKER:****Judge Pamela JENKINS**

Judge Jenkins recently retired after nearly 18 years as a County Court Judge and approximately 8 years as a Vice President of the Victorian Civil and Administrative Tribunal (VCAT). Pamela currently holds appointments as a Reserve Judge and Senior Sessional Member of VCAT. The County Court (known as the District Court in other Australian States) has a jurisdiction similar to the District Courts in Japan. Prior to her appointment as a Judge, Pamela practised as a solicitor for nearly 20 years, specialising in corporate, tax, property and banking law; and held senior positions in the public sector concerned with the development of policy and legislation, including the establishment of VCAT.

**KEYNOTE SPEAKER:****Mr. Satya SIVARAMAN**

Mr Satya Sivaraman is currently the Communications Coordinator for ReAct's Empowerment, Engagement and Network Extension (EEE) that links together a variety of ongoing initiatives to develop national policies and community interventions on antibiotic resistance in Asia, Africa and Latin America. He has been with ReAct since its inception in 2006 developing communication material, key messages, networking with civil society groups. He has also helped to conceptualize ReAct Latin America's Reimagining Resistance project, that advocates an ecological

approach to antibiotic resistance. Mr. Sivaraman is a journalist with over three decades of experience in newspapers and TV channels in South and South East Asia. He has also worked with the United Nations Economic and Social Commission for Asia Pacific and other UN agencies in different capacities. At ICQoL2017 he will be sharing some of the work related to QoL that he had undertaken with ReAct.

**KEYNOTE SPEAKER:****Dr. CHEW Yu Gee**

Dr. Chew Yu Gee is currently the consultant paediatrician and medical director of Hope Children Hospital, that he founded in 1993. He also travels frequently as a 'missionary doctor' to Cambodia, Pakistan, Bangladesh, Zambia, etc. He is part of CREST, an international medical crisis relief team. He is forever grateful to the Singapore government for providing him a Merit Scholarship to study medicine at the National University of Singapore. He got

his specialist training in Paediatrics at NUS, the Royal College of Physicians in Ireland and the Academy of Medicine in Malaysia. Due to his interest in childhood and adolescent psychiatry, he founded the Lighthouse Academy for Special Needs children. Dr Chew serves a pastor and head elder of the Lighthouse, a 'home' for orphans, elderly, disgruntled kids and a place for rehabilitation. He is the designer, architect, landscaper, gardener and proud owner of the Lost Paradise Resort which houses a clinic, the school and the home in it's compound.



## PRESENTATIONS

## **KEYNOTE SPEECH: Dr. LOH, Kai Woh**

### **Good Oral Health Is Good General Health**

Many of us will send our car for a 6 monthly oil change, engine tuning and maintenance work, but how many of us will visit our dentist for a regular 6 monthly cleaning and dental check up? What is more important to you? Your car health or your own health?

Do you know your oral health is closely related to your general health? When there are many cavities in your teeth and when your gums are in poor condition, your own health will deteriorate. Illness like stroke, heart attack, premature birth and even mouth cancer can be related to poor oral health.

A good set of teeth contributes to a better quality of life too. When one has a good set of teeth, one will enjoy eating and most of us enjoy good food. Good nutrition is needed for good health. This is especially important as we get older.

Nicely arranged front teeth will improve facial appearance and generally improve the attractiveness of the face. This will contribute to better self confidence and perhaps, success in life.

**Abstracts: PASF-18****Use of Audit of Diabetes-Dependent Quality of Life Questionnaire to Assess the Impact of Pharmacist-Supervised Intervention on Health-Related Quality of Life of Newly Diagnosed Diabetics in Western Nepal**

Dinesh Kumar Upadhyay<sup>1</sup> ([dinesh17dec@rediffmail.com](mailto:dinesh17dec@rediffmail.com)), Mohamed Izham B Mohamed Ibrahim<sup>2</sup>, Pranaya Mishra<sup>3</sup>, Vijay M. Alurkar<sup>4</sup>

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<sup>4</sup> Department of Medicine, Manipal College of Medical Sciences and Manipal Teaching Hospital, Pokhara, Nepal

**Abstract**

Patients' knowledge and self-care skills of diabetes are the key to improving their health-related quality of life. Our purpose was to assess the impact of pharmacist-supervised intervention through pharmaceutical care program on health-related quality of life of newly diagnosed diabetics using Audit of Diabetes-Dependent Quality of Life (ADDQoL) questionnaire in Western Nepal. An interventional, pre-post non-clinical randomised controlled study was conducted among randomly distributed 162 newly diagnosed diabetics by a consecutive sampling method for 18 months. An ADDQoL questionnaire investigated patients' health-related quality of life scores at baseline, 3, 6, 9 and 12 months. Patients were kept on three different treatment arms. Test 1 group patients were only on pharmaceutical care whereas Test 2 group patients received demonstration of diabetic kit module together with pharmaceutical care by pharmacist. Control group patients were under physician / nurse's care. Non-parametric tests were used to find the differences in average weighted impact scores among the groups before and after the intervention. Friedman test identified significant improvement in average weighted impact scores among test groups' patients. Differences in scores were significant between test groups at 6, 9 and 12 months; between control and test 1 groups at 12-months and between control and test 2 groups at 9 and 12 months on Mann-Whitney U test. This signifies the improvement in health-related quality of life of test groups' patients and hence describes the pharmacist's contribution and key role in Nepali healthcare system.

**Keywords:** Health-related quality of life, Intervention, Pharmacist, Pharmaceutical care



**Abstracts: PASF-16****Practical experience on crisis intervention towards the victims and their families**

CHEUNG Yun Hang Stanley ([stanley@kineticlife.hk](mailto:stanley@kineticlife.hk))

Kinetic Life Training and Counseling Centre, Rm 813, 8/F, Po Yip Bdg, 23 Hing Yip St, Kwun Tong, Kowloon, Hong Kong

**Abstract**

The presentation aims at sharing an practical experience on crisis intervention towards the victims and their families. On 27 June 2015 night, a flammable starch-based powder exploded at the Formosa Fun Coast, a recreational water park in Bali, New Taipei, Taiwan, injuring 519 people, included 6 Hongkongers. The author was the vice chairperson of Hong Kong Burns Association, and in charged the whole mission of the crisis intervention to those Hongkongers. During the crisis intervention, the team has been providing psychological support to family members of the victims, assisting the communication between the victims and the hospital in Hong Kong, providing advice of rehabilitation, and funds raising. Finally, the team was able to provide supports to our service targets successfully, but the action was influenced negatively by some public opinion from the internet. The presentation will cover the strategic planning and the reflection to the action.

**Abstracts: PASF-17****To observe the originality development of 3-4 year-old children in the art curriculum under the 'Questioning-Exploration-Experience' (QEE) teaching model**

TAM Po Wan ([kiki.powan@gmail.com](mailto:kiki.powan@gmail.com))

The Education University of Hong Kong, 10 Lo Ping Road, Tai Po, Hong Kong

**Abstract**

This study used action research approach to observe the ability of originality of a group of 3-4-year-old children, which is under the "Questioning- Exploration- Experience"(QEE) teaching model in the art curriculum. The purpose of this study is to explore the implementation of the QEE teaching model in children's art curriculum, to develop their concept of originality in art aspect, as well as the effect of using the QEE teaching model in the art curriculum.

Reasoning and inquiry skills are the basis for young children to learn. Under QEE teaching model, there are three stages. At the questioning stage, teachers are facilitated children to talk about issues or questions. Then, during exploration stage, children are engaged in presuming or formulating hypotheses and generating plausible solutions to the questions through the participation in hands-on activities, first-hand experiences, or focused discussions. Finally, at experience stage, a group discussion session takes place after the daily explorative activity. Children come together to define or redefine their views based on sharing and reviewing the preceding explorative activity.

During this teaching model, children are scaffolding by both teachers and peers, and having conceptual change during the discussion. This can help them to develop the concepts about the things around them. Having the concepts about nature and the surrounding are the keys for children to present their own idea by drawing. Therefore, after using the QEE teaching model in art curriculum, children both originality development and the artistic ability are having positive enhance. Children are drawing their own experiences base on the previous exploration or discussion, not only copying from the teachers.

**Keywords:** Early Childhood, Education, Questioning-Exploration-Experience Learning, Originality, Children art learning

**Abstracts: PASF-12****The relationship among Spectator Attitude, Self-Resilience, Spectator Satisfaction and Revisit Intention in Korea Professional Baseball Games for Korean active seniors**

LEE Min Seok ([godblessHarry@yonsei.ac.kr](mailto:godblessHarry@yonsei.ac.kr)), LEE Kyung Joong, LEE Chul Won

Yonsei University, Yonsei-ro 50, Seodaemun-gu, Seoul, Korea

**Abstract**

The purpose of this study was to identify the relationship among spectating attitude, self-resilience, spectator satisfaction and revisit intention for Korean active seniors who participated in Korea professional baseball games as a spectator. To achieve the goal of this study, a total of 430 questionnaires were collected from Korean active seniors. The collected data were analyzed and interpreted by SPSS 24 and AMOS 20.0. For the analysis, frequency analysis, validity test, confirmatory factor analysis, correlation analysis and structural equation model analysis were performed. The results of this study are as follows. First, spectator attitude had a significant relationship with self-resilience. Second, self-resilience was significantly related to spectator satisfaction. Third, spectator attitude and spectator satisfaction were significantly related. Fourth, spectator satisfaction was found to be significantly related to revisit intention. Fifth, self-resilience was found to have a mediating effect between spectator attitude and spectator satisfaction. In conclusion, level of self-resilience is an important factor that helps Korean active seniors to have higher spectator satisfaction and revisit intention.

**Keywords:** spectator attitude, self resilience, spectator satisfaction, revisit intention, active seniors

**Abstracts: PASF-13****Acculturation process of KOICA Taekwondo Volunteers by Leisure Participants**

LEE Kyung Joong-([dlrudwnd09@naver.com](mailto:dlrudwnd09@naver.com)), MOON Dae Soun, LEE Chul Won

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**Abstract**

The purpose of study was to examine the process of acculturation through leisure activity by using 'grounded-theory' among KOICA Taekwondo volunteers. The research participants were a member of KOICA Taekwondo volunteers group who deployed to foreign country in order to fulfill their military duty. Out of Non-probability sampling, Convenience sampling was used to select 7 participants for the study. The collected data was analyzed through Stauss & Corbin (1990,1994)'s open coding, axial coding, and selective coding. The results are as follow. First, 294 concepts, 20 subcategories and seven upper categories were categorized. Second, the relationship of six paradigms were investigated which includes causal condition, situational context, major phenomenon, conciliatory condition, interaction strategy and result. Third, through the overall outline, core categories of 'effects of leisure activity on acculturation' and 'life satisfaction on deployed country' were discovered. Overall the study, participating leisure activity solved acculturative stress which shape positive acculturative process.

**Keywords:** grounded theory, leisure activity, acculturation, acculturative stress, Taekwondo, KOICA

## **KEYNOTE SPEECH: Mr. S. Khim WONG**

### **Quality of Life – A sum of many parts – of Cars, Life and an Aeroplane**

This presentation aims to provide a glimpse of an Automotive Engineer's view in the development of a motor vehicle and what it was like to work in the North American and Global automotive industry.

A car consists of about 30,000 parts. Different modules like the body, engine, transmission, seats, electrical, electronics ETC were assembled within 40 to 80 seconds at each assembly station.

In the design, development, testing and manufacturing, each car component must meet the functional and durability standards and requirements. Failures can result in costly production stoppage and recalls that can bankrupt a company.

A Fuel Storage and Delivery System is probably the most dangerous device we use every day. The fuel system and the dynamics of Filling, Storage, Gauging, Venting, Fuel Delivery, Vapour Management and Safety were explained.

Air pollution has harmful effects on human health. Pollution from burning fuel and fuel vapour are major contributors to air pollution problems. By 1990, the plastic fuel tank was already popular in Europe with about 80% market share, however in North America it had about 20% market share, and the plastic fuel tank industry faced a 'death penalty' when new emission regulations from California called for more stringent fuel vapour emission limits which technology of that time cannot meet. From 1992, new technologies were invented and evolved. Multi layer blow moulding, enhanced fuel tank system architecture and On-board Refueling Vapour Recovery (ORVR) system help to reduce evaporative emissions. By early 2000, it has gained about 80% market share.

The lessons learned from his first job at Ford Motor Company in England has the profound and lasting effect through out his professional life in Malaysia, the Americas, China and Europe.

**Abstracts: PASF-11****Study of medication counseling in English for Japanese pharmacy students**

Kinu YAZAWA, Aya KOBAYASHI, Kenichi SAGUCHI, Sachiko TANAKA

Showa University, School of pharmacy

**Abstract**

Many community pharmacists have an opportunity to service foreign visitors more than once a month. But 70% of them said, "I cannot communicate in English." Therefore it is necessary for Japanese pharmacy students to study medication counseling in English. However in Japan there is a lack of textbooks for students. The aim of this study was to create the syllabus for medication counseling in English for Japanese pharmacy students. A trial was carried out and the efficacy of the syllabus was verified. I carried out a trial of the original syllabus. Furthermore, I made an accompanying manual booklet which the students can refer to easily when serving a patient. The target learners were six final year students, the role of the SPs was played by two exchange students from Thailand. Evaluation was based on the OSCE measurement. After the trial, I asked the participants to answer a questionnaire. The students felt their ability to conduct counselling in English was 67%. 33% felt they could conduct counselling in English perfectly. For summative grading, three students got level 3 (Level 1-6), one student got level 2, two students got level 4. The foreign SPs were unable to make out some words such as currently and nasal. The conversation evaluation was two students were good and four students were perfect. Students could communicate with the SPs and this was made easier by using the manual booklet. It was considered useful. Both the manual booklet and the sample dialogue were found to be useful in the role play exercise.

**Keywords:** medication counseling, a manual booklet, English, Japanese pharmacy student, trial



## **KEYNOTE SPEECH: Judge Pamela JENKINS**

### **Voluntary Assisted Dying – an Update and Exploration of Related Cultural and Medical Challenges**

#### Overview

At the 2016 IAQOL Conference I presented a brief resume of the law relating to voluntary euthanasia and assisted dying regimes internationally and recent proposals being considered by the State Government of Victoria Australia.

In most countries, including Australia, euthanasia and any form of assistance given to hasten the death of a person, even at their request, is illegal.

However, there has been a growing recognition of a person's right to choose to die when faced with under unbearable suffering from a terminal, incurable and untreatable condition.

In June 2016, a Parliamentary Committee in Victoria Australia tabled a report in the Victoria Parliament entitled: Inquiry into End of Life Choices.

The Committee made comprehensive recommendations relating to palliative care and advance care planning and outlined a proposal for legalising voluntary assisted dying in Victoria.

Since the release of that Committee's Report, an expert panel was appointed to conduct further consultation and inquiries and recommend, in detail, how the Parliamentary Committee's recommendations could be implemented.

The final report of the expert Panel was only released on 21 July 2017 and draft legislation to give effect to its recommendations will hopefully be presented to the Victorian Parliament in September 2017.

At the 2017 Conference, I propose to outline in some detail the Voluntary Assisted Dying regime now being proposed by the Victorian Government. The regime is not intended to operate in isolation but as part of an integrated model which also highlights the importance of advance care planning, a doctor patient relationship, family support, exploration of relevant treatment options, supportive health services and palliative care.

The regime now proposed in Victoria is based upon the limited model first adopted in Oregon USA in 1997 and subsequently extended to other States in the USA. The Victorian proposal includes many refinements and has also drawn extensively upon

overseas experience. The proposed regime details comprehensive procedures for the protection of vulnerable patients, accountability of all participants and ongoing reporting, monitoring and review of the system.

I also propose to briefly raise for discussion the following topics:

First, how do different cultures think about and prepare for dying?

Secondly, how do different cultural practices and beliefs impact upon the acceptance of any assisted dying proposals?

Thirdly, are there undesirable consequences of advanced medical diagnostic techniques, in particular, the growing incidence of 'over diagnosis' and excessive treatment?

Finally, do any of these issues have relevance to the research topics chosen by research scientists, their responsibilities and accountabilities.

### Background

Why do we need to talk about dying anyway, particularly at a Conference focused upon the Quality of Life? The answer is simple.

In developed nations at least, following significant advances in diagnostic medicine and health care generally, we are confronted with:

- An aging population; and
- Death following multiple complex pathologies and chronic and degenerative disease.

Indeed, in contrast to death even as recent as 100 years ago, dying has now been turned into a medical experience.

Whilst most physical and associated mental pain and suffering can be alleviated through the provision of better palliative care, it is well recognised that, even with the best medicine and care available, this is not always possible. Consequently, some people are dying terribly at the end of a terminal illness.

Furthermore, in both Australia and other jurisdictions, people have been prosecuted for assisting a loved one to die, with offences ranging from aiding and abetting suicide to attempted murder.

At the 2016 Conference I dealt briefly with the only current options for a patient afflicted with an incurable terminal illness and suffering unbearable physical pain and/or mental anguish, namely:

- Patients can refuse treatment;
- Treatment can be withdrawn or withheld;
- Continuous palliative sedation can be administered; and
- Suicide.

Currently, specific legislation permitting a prescribed assisted dying regime only exists in The Netherlands, Belgium, Canada, Luxembourg, Switzerland, Canada and the States of Oregon, Washington State and California in USA. The approaches taken in each of these jurisdictions vary quite significantly.

I will be reminding the Conference of the key features of the more comprehensive models operating in The Netherlands and Belgium (both since 2002).

I will also refer to a summary of the key features of current international regimes for voluntary euthanasia and assisted dying.

#### Assisted Dying and Diverse Cultures

Secondly, I will briefly explore the apparent dichotomy between pursuing quality of life and prolongation of life. These pursuits are further complicated in the context of:

- cultural traditions which focus upon the autonomy of the individual as distinct from the predominance of the group; and
- different cultural and religious perspectives toward dying and death generally.

In the Japanese context, cultural factors and the complex hierarchy of social relationships may make the prospect of laws dealing with voluntary euthanasia and assisted dying far more problematic.

I will briefly explore the recent history of end of life care in Japan, certain critical court cases and the Official Guidelines which have been issued, with particular reference to the circumstances in which life support systems may be terminated.

#### Excessive Medical Diagnosis and Treatment

Thirdly, I wish to raise whether there are undesirable consequences of advanced medical diagnostic techniques? There is growing concern in the medical profession (without any clear answers) over the tendency, in the most developed countries, for over diagnosis and treatment. This occurs to two circumstances:

First, where multiple tests and investigations, sometimes quite intrusive, are ordered for a patient which may have little or no impact upon ultimate decision making in treatment, particularly for the very elderly; and

Secondly, where a patient, who has no relevant symptoms, is found to have some abnormality either as an incidental finding on screening or where a completely unrelated complaint is being investigated.

While people are living longer, they do so with more disease. Death is increasingly neither quick nor painless and in most rich countries, certainly in Australia, most people die in hospitals or nursing homes, contrary to their preference to be at home surrounded by loved ones.

I will examine the dilemmas facing both the medical profession and the public in dealing with these developments.

Finally, I will pose the question: What does all of this mean for research scientists, such as those attending the Conference; and what responsibility and accountability do they have.

## KEYNOTE: Mr. Satya SIVARAMAN

### Dancing with the Bacteria

The revolution going on in microbiology, particularly microbiome studies, has mind-boggling implications for human beings about how to live and understand life. It raises fundamental questions about humanity (e.g. who are we?) and our relation to both macroscopic life (the universe and all visible entities) and to the microscopic (the internal and external biosphere). Microbes are the invisible connectors of all life forms. In turn, in the larger universe, human beings are like microbes. By building a new conscious relationship with the microbes in and around us, we could through them uncover a new way of living with each other and with all beings in the ecosystem.

But what is involved in practice in adapting ourselves individually and collectively to uncover our microbial nature, its immense fertility and to nurture microbes ? Fear of microbes is very deep-seated in human experience, perhaps now operating as a generalized anxiety. The scapegoat dynamic is alive and well in our relationship with microbes, and never far from the surface in all levels of human relationship. It is palpable in the current instability and the politics of fear being played out around the world. Microbes, in particular bacteria and viruses, are symbols, metaphors and real age-old scapegoats of disease beyond their legitimate role. In this climate, the phenomenon of antimicrobial resistance has fueled fear of superbugs and the microbial world in general. Antimicrobial medicines, whilst saving many lives, have masked the need to pay attention to the ecosystems in which we live, in cities and villages, homes and hospitals, animal husbandry settings, rivers, soil and air.

**Keywords:** Bacteria, Microbiome, Antimicrobial Resistance, Ecology, Adaptation

**Abstracts: PASF-19****Issues in Manuscript Writing in Junior Academic Staff at a Japanese University**

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**Abstract**

A questionnaire was conducted in a seminar on scientific manuscript writing (MW) for junior university academic staff. Participants (n=28) were first asked to tick issues of concern (IoCs) before the seminar. A lecture on common knowledge related to MW was then delivered, and participants were later asked to circle IoCs after the lecture. Based on the collected questionnaires (multiple answers), those with previous experiences in written (n=21), oral (n=24), and postal (21) presentations in English found the following IoCs (before vs after lecture) on the following manuscript sections: 'Introduction' (17/28 vs 6/28), 'Methods' (3/28 vs 1/28), 'Results' (3/28 vs 1/28), and 'Discussion' (14/28 vs 16/28). With further inquiry of the constituting sections, the following IoCs were most closely focused upon: 1) issue in making an impact-making title (14/28 vs 15/28); 2) necessary points to write about 'Introduction' (12/28 vs 8/28); 3) grammar used (11/28 vs 8/28) and necessary points (10/28 vs 4/28) to write in 'Methods'; 4) making effective illustrations (10/28 vs 7/28) in 'Results'; 5) necessary points to write (11/28 vs 7/28) and making effective presentation (11/28 vs 9/28) in 'Discussion'; and 6) exceeding the word limit for 'Abstract' (9/28 vs 9/28). The results revealed that the ratio of participants in all sections were reduced after listening to the lecture, manifesting beneficial outcome of the seminar. However, those of 'Discussion', making an impact-making title, and the problem of exceeding the word limit in 'Abstract' surpassed or remained unchanged as compared to the ratio before lecture.

**Keywords:** manuscript-writing, junior Japanese university academic staff

**KEYNOTE: Dr. CHEW Yu Gee****Flying Without Wings**

Profound, happy, successful, peaceful, powerful, purposeful living should be a common goal for all. The song by Westlife 'Flying without wings' aptly describes this state of living profoundly. The sixth verse says 'Cause who's to know which one you let go, would have made you COMPLETE'. One way of living a peaceful powerful and purposeful life is by loving, serving and blessing another sacrificially.

Unless a seed falls to the ground and 'dies', it remains a single seed but when it dies it produces many seeds.

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